

INSTITUTIONAL PHARMACY INTERNSHIP OBJECTIVES

PHARMACY INTERN EXPERIENCE AFFIDAVIT

Name of Applicant: _____ Social Security Number * _____
(please print) Last name First name MI

Intern No.: _____ Date Issued: _____ Expiration Date: _____

INSTRUCTIONS: It is the intern's responsibility to seek preceptors and internship sites that will provide him or her at a minimum with those experiences outlined below. As each objective is mastered, the preceptor should date and initial the line opposite the objective. All preceptors who date and initial the form must also sign at the end of this form.

		Date Mm/dd/yy	Preceptor's Initials
<i>Receiving and Interpreting the Prescription</i>			
1.	The intern is able to determine which portions of the chart orders contain the medication orders and information related to monitoring and adjustment of drug therapy.	____/____/____	_____
2.	The intern is familiar with the policies and procedures for drug distribution and administration (receipt of the medication order, computer entry and verification, filling and delivery of the medication(s) by the pharmacy, receiving, storage, and recording keeping at the nursing unit, and administration of the drug to the patient).	____/____/____	_____
3.	The intern is able to assess the medication order for appropriateness in terms of dosage, route of the prescribed drug therapy, frequency and rate of administration, directions for use, delivery method, drug interactions and incompatibilities, and stability and proper storage.	____/____/____	_____
4.	The intern is able to identify an incorrect, incomplete or unclear order and obtain all information or clarify the document to make it complete and appropriate for dispensing.	____/____/____	_____
5.	The intern is able to use appropriate judgment to determine the immediacy of a medication order and act upon it accordingly.	____/____/____	_____
6.	The intern is aware of institutional policies and procedures for continuing medication orders, automatic stop orders, standing orders, formulary restrictions, and ancillary orders.	____/____/____	_____

Pharmaceutical Care Plan

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|----|---|----------------|-------|
| 1. | The intern is able to develop a pharmaceutical care plan for safe and effective drug therapy by obtaining, interpreting, and using the following information:
a. Patient diagnoses
b. Prior medication history including allergies and sensitivities
c. Physicians' orders and progress notes
d. Nursing notes
e. Medication administration records
f. Laboratory data and diagnostic tests, reports, and consultations | ____/____/____ | _____ |
| 2. | The intern is able to obtain a pertinent drug history from the patient and apply the information appropriately to the pharmaceutical care plan. | ____/____/____ | _____ |

3. The intern is able to use the pharmaceutical care plan developed for a patient to monitor the patient's drug therapy for appropriateness, efficacy, and adverse effects and be able to correct drug-related problems. ____/____/____

Order Processing, Dispensing and Control

1. The intern is able to select the correct product from the pharmacy inventory and properly prepare and label the medication. ____/____/____
2. The intern is able to accurately dispense and maintain all necessary records for controlled substances, in accordance with current state and federal laws, and institutional policy. ____/____/____
3. The intern knows federal and state regulations as well as institutional policies and procedures for dispensing investigational drugs and their proper handling, storage and record keeping. ____/____/____
4. The intern is able to perform and document the necessary calculations and perform the required technical and compounding skills to produce a pharmaceutically-elegant product. ____/____/____
5. The intern understands the appropriate principles of aseptic technique and protection from cytotoxic exposure. The intern demonstrates these principles when compounding, labeling and dispensing intravenous admixture products. ____/____/____
6. The intern is able to appropriately dispose of outdated, discontinued or recalled drugs, controlled substances, needles and syringes, and cytotoxic agents. ____/____/____
7. The intern knows the correct use and maintenance of equipment for compounding and administering parenteral products, such as: infusion devices, administration sets, pumps, vertical and horizontal laminar air flow hoods, filters, and automated compounding devices. ____/____/____

Drug Information and Consultation

1. The intern is able to effectively communicate all information necessary to encourage proper use and storage of the medication. This includes the importance of compliance with directions, and precautions and relevant warnings. The intern routinely verifies that the patient understands this information. ____/____/____
2. The intern is able to effectively select and use appropriate references to accurately answer drug information requests, and/or refers the questions to another source for response. ____/____/____
3. The intern is able to effectively communicate drug information and provide drug-related "In-Service" presentations to pharmacists and other health care providers. ____/____/____
4. The intern is able to evaluate the urgency of a poisoning or overdose situation, supply general information on the initial treatment, and refer the problem to the nearest poison information center if necessary. ____/____/____

Administration

1. The intern knows the institution's policy and procedures pertinent to the pharmacy, including:
 - a. Pharmacy and Therapeutics Committee structure and function
 - b. Drug formulary management
 - c. Adverse drug reaction reporting system
 - d. Drug product selection, purchasing, and recall procedures
 - e. Institution's implementation of federal and state regulations and JCAHO standards
 - f. Medication errors and incident reports
 - g. Hospital information system (computer network)

____/____/____

2. The intern is able to discuss the scope of pharmacy services within the institution, and effectively communicate with other professionals, ancillary departments, and committees (e.g., hours of operation, nursing units served, dispensing of emergency order, etc.).

____/____/____

I certify, under penalty of perjury, that all objectives I have initialed have been met. To the best of my knowledge, the experience thus gained by this applicant has been predominantly related to the practice of pharmacy, as required by law.

Preceptor's Name	Initials	RPh #	State	Date
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*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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